



## Information Sheet

202 Greenhill Road Eastwood SA 5063  
PO Box 929 Unley 5061  
Phone +61 8 8291 4141  
Fax +61 8 8291 4194  
www.quitsa.org.au

# Men, Women & Smoking

Over the past few decades, the smoking behaviour of men and women in Australia has become more and more similar. Until the 1960's smoking was the province of men, with a smaller number of women choosing to smoke. But two opposing forces have changed the gender balance of smoking - aggressive promotion of cigarettes to women and large numbers of men responding to quit smoking campaigns.

## Smoking behaviour

According to the 2004 National Drug Strategy Household Survey,<sup>1</sup> a slightly higher percentage of Australian men than women smoke overall. This is true for all age groups, except those 14-19 years of age. In 2004, 16-17-year-old females were almost twice as likely as their male counterparts to smoke daily.

Current data<sup>5</sup> shows that the mean starting age for smoking in males is 15.3 years vs. 17.2 years in females. On average men smoke more cigarettes per week than women, except in the youngest and oldest age groups.

In many cultural groups, smoking by women is still relatively rare, but is an accepted part of being male. For instance, studies<sup>2</sup> have shown smoking prevalence in: Vietnamese men 37% vs. women 4%; Chinese men 26% vs. women 2%; Greek men 31% vs. women 10% and Italian men 28% vs. women 18%.

Indigenous Australians are around twice as likely to be smokers than other Australians, with significantly more men than women smokers.<sup>5</sup>

## Changes to smoking behaviour

Every year, significant numbers of people try to quit, cut down or make other changes to their smoking - with little difference between men and women. The 2004 NDSHS survey<sup>5</sup> reported that women were more likely to change to lower tar/nicotine cigarettes (19.2% vs. 15.9%).

The main motivator for both men and women was that smoking affected their health and fitness (51.1%). The second biggest motivator was that smoking cost too much (43.9%). Women were more likely to be motivated by worries of affecting the health of others, and men by wanting to get fit.

## Illness and death caused by smoking

In 2003, 14.8% of male deaths and 8.4% of female deaths were due to tobacco related disease - the largest attributable risk factor to the burden of disease in Australia.<sup>4</sup>

Age	0-14	15-34	35-64	65+
	M / F	M / F	M / F	M / F
Cancer	0 / 0	0 / 0	1375/454	4207/1506
Heart Disease	0 / 0	27/7	1114/225	1707/954
COPD	0 / 0	0 / 0	229/130	2275/1205
Other	43/33	27/19	326/179	1565/1285
ETS	14 / 9	0 / 0	2 / 8	32/63

*Deaths attributable to Tobacco, 1998 by age, sex<sup>3</sup>*

Sex differences largely reflect patterns of smoking 25 years ago.

## Health consequences of smoking

Health effects of smoking are generally similar for men and women. While more men than women are dying currently dying from smoking related disease, this will change as the women who took up smoking in larger numbers from the 1970's contract tobacco related diseases.

For example, lung cancer deaths in men are declining, due to reductions in male smoking prevalence over the last 30+ years, while they are increasing in women. It is likely that this sort of change will be evident for most smoking related disease in the future. This includes heart disease and stroke and Chronic Obstructive Pulmonary Disease (COPD).

There have also been some studies that have suggested that women may be more susceptible to lung cancer than men.

## Reproductive system

It is in diseases of the reproductive system where gender differences in the effects of smoking are most evident.

### Men

**Smoking is linked with impotence.** Studies have shown that cigarette smokers are more likely to suffer from erectile dysfunction (impotence) than non-smokers. For example, in a study of 4,462 US Army veterans the prevalence of impotence was 2.2% among never smokers, 2.0% among ex-smokers and 3.7% among smokers.<sup>8</sup> Smoking can reduce blood flow to the penis, because of cholesterol deposits and blood clots.

**Smoking is linked with reduced sperm quality and fertility problems.** Research has shown that smokers have lower sperm counts and lower quality semen than non-smokers. One recent study found that in men undergoing fertility investigation, smokers had poorer sperm density, a lower percentage of motile sperm, and a lower percentage of normal sperm morphology.<sup>6</sup>

Warning: Smoking causes male impotence.  
[www.ash.org.uk/html/health/html/impotent.html](http://www.ash.org.uk/html/health/html/impotent.html)

Tobacco use and impotence  
<http://tobaccofreekids.org/research/factsheets/pdf/0034.pdf>

Impotence and smoking  
[www.globalink.org/tobacco/trg/Chapter12/Chap12\\_Impotence.html](http://www.globalink.org/tobacco/trg/Chapter12/Chap12_Impotence.html)

### Women

**Smoking is linked with menstrual symptoms.** An Australian study has shown that women who smoke are more likely to have premenstrual tension, irregular periods, heavy periods and severe period pain than their non-smoking peers.<sup>7</sup>

**Smoking is linked with early menopause in women.** Women who smoke have menopause 1 - 4 years earlier than non-smokers. Recent research suggests that they are also more likely to experience menopausal hot flashes.<sup>9</sup>

**Smoking is linked with greater difficulty in conceiving among women.** Women who smoke have decreased fertility - due to either delayed conception (a lower probability of conception per menstrual cycle) or infertility (failure to conceive after 12 months).

**Smoking is linked with increased risks during and immediately after pregnancy.** During pregnancy, smoking is linked with miscarriage, ectopic pregnancy, pre-eclampsia, placenta previa, and premature rupture of the membranes. Most of these risks increase with the number of cigarettes smoked. Babies born to smoking mothers are at increased risk of pre-term delivery and low birth weight (including small for gestational age), both associated with short and long-term health problems. These babies are also more likely to be stillborn, or die during the first weeks after birth.<sup>8</sup>

Smoking during and after pregnancy also considerably increases the risk of sudden infant death syndrome.<sup>8</sup>

**Smoking is linked with osteoporosis in women.** Smoking is linked with increased risk of hip fractures. Smokers have also been shown to have lower bone density than the non-smokers.<sup>9</sup>

## References

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9. *Women and smoking. A report of the US Surgeon General*. 2001.  
[http://www.cdc.gov/tobacco/sgr\\_forwomen.htm](http://www.cdc.gov/tobacco/sgr_forwomen.htm)

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